HIE Steering Committee

July 24, 2019



Agenda

Topic	Schedule
Welcome	10:30 – 10:35
Overview of National Interoperability Trends – Lantana	10:35 – 11:35
Consent Implementation Feedback & Review	11:40 – 11:55
Review Non-Technical Roadmap HIE Plan Updates	11:55 – 12:10
Review of Tactical Plan Progress & Necessary Updates for HIE plan	12:10 – 12:25
Wrap-Up	12:25 – 12:30

Consent Policy Implementation Update

S31 opt-out consent policy took effect on passage; now Act 53

Steering Committee Role

Project workstreams

- Stakeholder engagement
- Mechanisms for opt-out and consent management
- Evaluation

Stakeholder Engagement

Consent Implementation Plan – Update to Legislature and GMCB August 1, 2019

Discussion / Questions

Stakeholder Engagement Status

- Advocates and Key Informants
 - Disabilities Council
 - Vermont Legal Aid
 - ACLU
 - Vermont Refugee Community
 - Pride Center
 - Planned Parenthood of Northern New England
 - People with AIDS
 - Bi-State Primary Care Association
 - Cultural Brokers

June 4, 2019 June 17, 2019

June 12, 2019 ¹

July 2, 2019 🕶

July 1, 2019 **√**

July 2, 2019 🗸

July 10, 2019 **√**

July 12, 2019 🖠

July 15, 2019 ⁴

Consent Update to Legislature and GMCB

- Act 53 requires updates August 1 and November 1, and a final report January 15, 2020
 - Draft August 1 update has been submitted for review; also distributed to Steering Committee
- Outline of update
 - Executive Summary
 - Meaningful Consent an expanded goal from informed consent
 - Consent implementation governance and project organization
 - Project work streams: Stakeholder engagement, mechanisms, evaluation
 - Health Information Technology Plan considerations
 - Act 53 mandates (table)
 - Report main body sections
 - Meaningful consent (aligned with HIPAA and 42 CFR Part 2)
 - Stakeholder engagement workstream
 - · Mechanisms and consent management workstream
 - Evaluation workstream
 - Health IT Plan alignment
 - Summary
 - DVHA Act 53 Workplan Tables: Goals, objectives and activities with accountable parties, dates, and current status

Summary

- The Opt-Out consent policy is in effect
- Meaningful Consent is the goal
- The HIE Steering Committee has a defined role, as part of the Steering Committee role in HIT planning
- Milestones are determined by Act 53 requirements for status updates and implementation start date
- Critical workstreams include stakeholder engagement, development of mechanisms to support Opt-Out, and an evaluation methodology
- First update to Legislature and GMCB is due August 1, 2019 – Draft under review

Provider Survey Update

- Survey was finalized the week of July 8-12 and distributed Friday afternoon and Saturday morning.
- 3,673 emailed invitations to take the survey were distributed
 - 722 were flagged as undeliverable for a variety of reasons, mostly because the domain name or the recipient name within the domain was not found; others were flagged as spam and not delivered.
 - Some questions have been received but no one has reported any issues with the survey mechanism so far
- Two(?) cycles of reminders will be sent out Help!
- The Survey will close on August 19

Non-technical Roadmap HIE Plan Updates

- Setting the stage
 - 2018-2019 HIE Strategic Plan provides the template for the 2019-2020 update
 - A significant addition will be the HIE Roadmap required with this update by Act 187
 - This is the Lantana led project currently underway
 - Act 53 requires the HIE Strategic Plan to include the opt out consent policy implementation plan, and to be submitted to GMCB on or before 11/1/2019
 - The State Medicaid HIT Plan must also be updated in the same timeframe
 - Includes an environmental scan supplemented by the provider survey
 - Provider survey also informs the HIT Roadmap development
 - The Roadmap informs the As-Is landscape of the SMHP
 - The HIE Strategic Plan, with the Roadmap incorporated, informs the To-Be section of the SMHP

Decomposing the HIE Strategic Plan -

Timeline History Update – Recent Entries and 2019 Discussion

- Timeline history update recent entries:
- 2017:
 - DVHA shifts its procurement strategy with VITL from grants to deliverable based contracts.
 - Act 73 requires a review of Vermont's HIT Fund, the Health Information Technology Plan, the VHIE and VITL. HealthTech Solutions conducts the evaluation and present key findings and recommendations to the legislature in 2018. The report is published on November 15, 2017.
 - DVHA establishes the HIE Steering Committee to development a statewide strategic plan and permanent governance model in accordance with the Act 73 report
- 2018:
 - CMS changes the name of the Medicaid EHR Incentive Program to the Promoting Interoperability Program. The MACRA/MIPs Quality Payment Program (QPP) is also rebranded under the Promoting Interoperability Program umbrella.
 - The VHIE commits to increasing usable records to 35% (from less than 20% in 2017), reducing duplicate records by 40% and addressing data quality issues.
 - Act 187 tasks the State and VITL with operationalizing the recommendations from the Act 73 Evaluation Report. The Act also authorizes the HIE Steering Committee to develop the statewide Health Information Technology Plan; requires DVHA and other stakeholders to produce a report on the State's consent policy; and changes GMCB's authority related to VITL (removing the Board's annual review of VITL's core activities) and the Health Information Technology Plan (requiring the Board to approve, reject, or request modifications within 45 days, after which the Plan will be deemed approved if the Board has taken no action).
 - The HIE Steering Committee delivers a strategic plan (the HIE Plan) to the GMCB on November 1, 2018.
- 2019: Steering Committee discussion: Identify significant entries for this past year

Decomposing the HIE Strategic Plan –

HIE Ecosystem

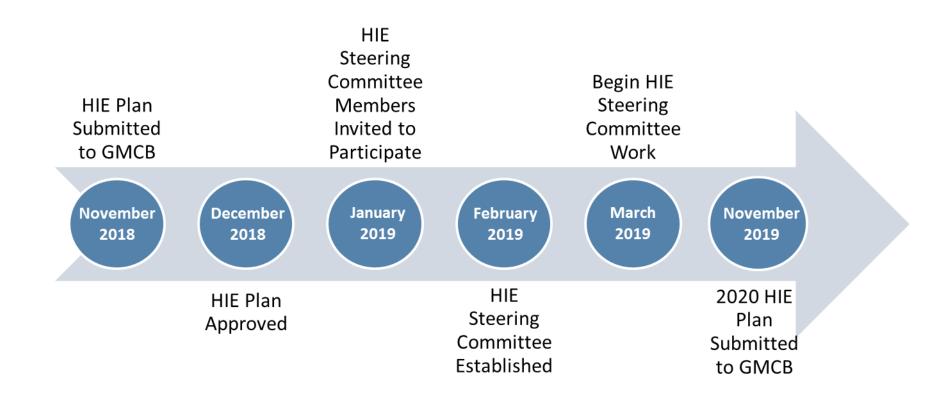
- The 2019 Steering Committee
- Policy and Process
 - Act 187 required consent recommendation → Act 53
- Financing
 - HIT Fund spending and impact
 - Sustainability and financing maturity model will the Roadmap inform this?
- Technology
 - To be expanded this update by HIT Roadmap
 - Potential topics: architecture, consent management, identity management, exchange considerations (data extraction; data aggregation; data quality; interoperability; access to health information)
- Steering Committee Discussion: comments on Policy and Financing?

Decomposing the HIE Strategic Plan –

Remaining Topics

- Governing HIE in Vermont
 - Steering Committee roles and responsibilities; sustainability
 - Steering Committee timeline for 2019
- HIE Objectives and 2019-2020 Tactical Plan
 - Next topic to be discussed today
- HIE Sustainability (post Roadmap)
- Future HIE Planning (post Roadmap)
- Appendices
 - Updated Steering Committee Charter
 - Connectivity Criteria
 - Stakeholder Engagement
- Steering Committee Discussion: Comments on Steering Committee 2019 timeline? (see next slide)

Steering Committee Timeline 2018-2019



Steering Committee: What is on the Timeline for 2019-2020?

HIE Steering Committee

Accountable Party	Area of Focus	Activity
HIE Steering	HIE Governance	☐ Establish an HIE Steering Committee
Committee		 Annually, engage stakeholders in the development of a Strategic Plan for
		the GMCB's review/approval by November 1
		 Develop an HIE technical road map and sustainability model to be
		included in the HIE Plan and built upon every year thereafter
		 Create an evaluation method for overseeing and measuring
		progress inlimplementation of HIE strategic plans and the
		effectiveness of the HIE Governance Model
		 Evaluate statewide data governance efforts and design a data
		governance model appropriate for the State's HIE Steering Committee 🌱
		☐ Work with stakeholders to assess potential changes in the State's
		Consent policy and support the production of a Consent Report per
		Act 187 of 2018
HIE Steering	Financing	 Review available funding sources, inventory needs and
Committee		develop s ustainability model

Vermont Legislature and GMCB

Accountable Party	Area of Focus	Activity
VT Legislature and GMCB	HIE State Policy: Consent and Connectivity	 Legislature: Pass Act 187 of 2018 to continue momentum in HIE activities and enhance oversight and accountability Legislature: Consider the Consent Report and potential adjustments tocurrent statute and/or policies, if deemed necessary GMCB: Review VITL's budget and updated Connectivity Criteria andconsider ways to enforce consent management and adherence to Connectivity Criteria through existing regulatory framework
GMCB	Data Extraction & Aggregation	☐ GMCB: Review and approve the annual HIE Strategic Plan ☐ Enhance VHCURES by upgrading to current standards, anticipating state data needs, and resolving analytical challenges present in the system VHCURES contract expected to be signed soon
VT Legislature	Financing	☐ Extend HIT-Fund and approve the DVHA HIE program budget

Blueprint for Health

Accountable Party	Area of Focus	Activity
Blueprint for Health	Identity	☐ Enhance the Vermont Clinical Registry's record matching
-	Management	capabilities to support the Women's Health Initiative, Hub &
Clinical Registry		Spoke program, and Blueprint Practices
Blueprint for	Data Extraction &	☐ Develop the Clinical Registry to manage sensitive SUD data
Health	Aggregation	aggregation and exchange in support of the Hub/Spoke program
		 Explore data aggregation opportunities for statewide screening and
		referral programs
Blueprint for	Data Quality	☐ Continue to manage the Blueprint Sprint process to support data
Health		quality remediation at the source (health care organization)
		☐ Partner with OneCare Vermont and Bi-State Primary Care
		Association to develop atatewide data quality remediation model
Blueprint for	Analytics	☐ Enhance the Clinical Registry to support data analytics needs related to
Health		Hub/Spoke, the Women's Health Initiative and other statewide
		initiatives
		 Perform health program analysis based on claims data united
		with clinical data aggregated in the Clinical Registry

One Care Vermont; Bi-State Primary Care Association; Dept. of Health

Accountable Party	Area of Focus	Activity
One Care	Care	 Leverage federal and state support to develop care coordination and
Vermont	Coordination &	analytics tools that support direct care, measurement and system
	Analytics	improvement
		Utilize the data feed from the VHIE to support analysis of All
		Payer Modelimplementation
Bi-State Primary	Analytics	☐ Aggregate clinical and claims data in data visualization tool (Qlick
Care Association		Sense) and use tosupport a Model for Improvement effort with
		Federally Qualified Health Centers statewide
		 Train stakeholders how to leverage analyzed health data for practice improvement
Dept. of	Analytics	☐ Procure a forecaster tool for the Immunization Registry to improve
Health		clinicians' ability to obtain real time and forecasted immunization data
		and support public health reporting.
Dept. of	Consumer Tools	☐ Maintain the public health reporting portals available to VT providers
Health		

Vermont Care Partners; Agency of Digital Services

Accountable Party	Area of Focus	Activity
Vermont Care	Data Extraction &	☐ Collaborate with Designated Agencies in the procurement of EHR
Partners	Aggregation	systems that support value-based payment and data sharing for
		mental health, SUD, and developmental disabilities. Data is to be
		aggregated in the Vermont Care Network data repository.
Agency of Digital	Other	☐ Complete the information, technical, and business dimensions of the
Services (ADS)		State's Architectural Assessment of the VHIE to support effective VHIE 🎺
		operational planning and the HIE Steering Committee's understanding
		of the VHIE
ADS	Interoperability	Provide an HIE enterprise architecture recommendation to the HIE
Architecture Demains		Steering Committee to support development of a technical roadmap.

Architecture Domains to be Assessed	Date Scheduled	Date Completed
Security	August, 2017	September, 2017
	Started 14 May 2019	1st Draft 31 July 2019
Business	End data collection 15 July 2019	Final Draft 19 August 2019
Applications	November, 2019	
Information	August, 2017	August, 2018
Technology	January, 2019	March, 2019
Governance	TBD	

DVHA

Accountable Party	Area of Focus	Activity
DVHA	HIE Federal Policy	☐ Monitor changes to federal policy (e.g., H.R.6082- Overdose Prevention and Patient Safety Act; 21 st Century Cures - TEFCA) and
		communicate impacts to the HIE Steering Committee to support informed planning
DVHA	Financing	☐ Obtain federal HIE development funds
		☐ Manage the State HIE budget (including the HIT Fund) in alignment with goals and initiatives outlined by the HIE Steering Committee and in accordance with State and federal law
		☐ Contract for services in service of the strategic direction set forth by the HESteering Committee
DVHA	Security	☐ Work with the Agency of Digital Services to ensure that all HIE contracts include industry-driven security measures and real oversight protocols

VITL 1 of 4

Accountable Party	Area of Focus	Activity
VHIE (VITL)	HIE State Policy: Consent and Connectivity	 Work with stakeholders to identify priority data sets to further develop thetiered Connectivity Criteria to drive improved data quality and patient matching in the VHIE; provide the Connectivity Criteria to the GMCB for approval annually (in 2018 Connectivity Criteria is included in the HIE Plan) Review policy allowing payers access to health data for administrative andoperational uses Evaluate the organization's consent management processes to mitigate the technical and administrative burden of transmitting consent
VHIE (VITL)	Consent Management	□ Further automate the consent management process, increasing the number of records with consent documented to at least 42% in 2019 (35% in 2018)
VHIE (VITL)	Security	 Adhere to HIE NIST security standards Conduct an annual third-party security assessment and develop a mitigation plan, if necessary, to address items identified in assessment Partner with the Agency of Digital Services to manage security matters; hold a monthly meeting and adhere to industry reporting standards

VITL 2 of 4

Accountable Party	Area of Focus	Activity
VHIE (VITL)	Identity Management	□ Reduce duplicate records in the VHIE by 60% (40% in 2018; 20% in 2019)
		 Assess shared identity matching tools and report to HIE Steering Committee on results, and if deemed appropriate, procure and implement new identity matching tool(s)
		 Ensure that existing patient matching services are effective and operational seven days a week and 24 hours a day with 94% average monthly uptime
VHIE (VITL)	Data Extraction &	☐ Increase the number of health care organizations contributing to the
	Aggregation	VHIE that meetTier II Connectivity Criteria standards ¹ Establish new or replacement interfaces (connections) feeding data from EHR systems to the VHIE
		 Provide end users (OneCare Vermont, Blueprint for Health, Health Department, etc.) with data feeds to meet their unique data usage needs
		 Enable use of EHRs by providing Meaningful Use and Security
		Risk Assessment consultation to providers participating in the
		Medicaid EHR incentive program

¹ set appropriate expectations in this area b/c the practices are not able to meet the newest standards quickly; be cautious around the goal in this area and how we set those Tier II standards.

VITL 3 of 4

Accountable Party	Area of Focus	Activity
VHIE (VITL)	Data Quality	 Develop a data quality mitigation plan, as a component of the organization's strategic plan, in consultation with the HIE Steering Committee with a focus on improving quality and volume of specific data points related to health system goals
		Pilot the implementation of a terminology services tool (Health Language) and measure the impact on the quality of specific lab transmission across 25 health care organization; report to DVHA and the HIE Steering Committee on the achieved impacts
		 Execute a data quality initiative to increase the quality and volume of data points included in the Connectivity Criteria Tier II data set
		☐ Work with partners such as the Blueprint for Health, Bi-State Primary Care Association and OneCare VT to implement source- directed data quality initiatives
		Modify the Connectivity Criteria in collaboration with the GMCB, the HIE Steering Committee, and other key stakeholders to further enhance the quality of data exchange through the VHIE

VITL 4 of 4

Accountable Party	Area of Focus	Activity
VHIE (VITL)	Data Access	 Evaluate data access preferences with end users and focus on development of thepreferred data access method Implement single sign on to VITLAccess from EHR systems and/or cross community access (direct query and retrieve of some data within the VHIE) in accordance with the State's prioritized list Maintain and expand use of VITLAccess and the pharmacy benefit manager medication history query and view service based on user interest
VHIE (VITL)	Data Governance	 Begin development and implementation of a data governance model leveraging methods currently implemented by the GMCB and Agency of Human Services to align health data management practices across the State
VHIE (VITL)	Interoperability	 Explore methods for bi-directional data exchange with public health registries; provide the HIE Steering Committee with recommended strategies Maintain existing data feeds (Clinical Registry, Public Health Registries, OneCare VT, AHS' Care Management Solution, etc.), explore methods for enhanced data exchange
VHIE (VITL)	Notification Services	☐ Route data to Patient Ping and other event notification services used by Vīproviders
VHIE (VITL)	Secure Messaging	 Provide the VITLDirect secure, point to point messaging service based on customer need and use

